

STATE OF ALASKA
DEPARTMENT OF REVENUE
CHILD SUPPORT SERVICES DIVISION

CUSTODIAN’S APPLICATION FOR SERVICES

Custodial parents and other custodians must complete an application for services to obtain Child Support Services Division (CSSD) services. CSSD can then establish paternity, establish child support and medical support orders, and enforce or modify existing support orders, even if the noncustodial parent lives in another state. CSSD charges no fees, although the cost of determining paternity may be charged to the father. CSSD collects and distributes payments from noncustodial parents; we do not provide the child support funds. When child support is established by CSSD in an administrative order, the amount is calculated based on the Alaska Supreme Court child support rule, Civil Rule 90.3.

The application and the “Statement of Support Received” must be completed and signed separately. Additional information about the application, your responsibilities, CSSD services, and public assistance is found on the next three pages of this application packet. If an existing order from a court, from CSSD, or from another child support agency mentions child support, custody, visitation, or parental rights, include it with your application.

If you or your children have been victims of domestic violence, you may ask that your location be kept confidential by completing the “Affidavit and Request for Address Confidentiality” on page 11.

After you have submitted your application, your case will be set up within 20 days. It may take 60 days or more to make progress toward establishing or enforcing an order. During that time, contact us if you have additional information or important questions. Our automated KIDSLINE provides answers to common questions and allows you to access payment information and leave messages for caseworkers. Also, you may visit one of our offices or go to our web page at www.childsupport.alaska.gov for more information. Please let us know if you need assistance or other accommodations to use our services.

KIDSLINE: (907) 269-6900

KIDSLINE Toll Free (in Alaska): 1-800-478-3300

TDD machine: (907) 269-6894

TDD machine Toll Free (in Alaska): 1-800-370-6894

Statewide – Main Office

550 W 7th Ave Suite 310
Anchorage AK 99501-6699
(907) 269-6900

Fairbanks

675 7th Ave Station J2
Fairbanks AK 99701-4531
(907) 451-2830

Mat-Su

845 W Commercial Dr
Wasilla AK 99654-6937
(907) 357-3550

Southeast

410 Willoughby Ave Suite 107
Juneau AK 99801-1724
(907) 465-5887

Mailing address for payments

CSSD
PO Box 102760
Anchorage AK 99510-2760

STATE OF ALASKA
DEPARTMENT OF REVENUE
CHILD SUPPORT SERVICES DIVISION

INFORMATION ABOUT CHILD SUPPORT SERVICES

Child Support Services

CSSD provides child support services for parents or third-party custodians. CSSD can:

- collect and distribute child support payments;
- establish paternity;
- establish child support and medical support orders;
- enforce child support orders, even if the paying parent is not in Alaska;
- modify support orders if there is good reason;
- require banks, employers, the Permanent Fund, and others to withhold the paying parent's income or assets;
- attach IRS tax refunds to collect child support; and
- provide interstate services when parents move to other states.

There is no fee for these services, although the costs of determining paternity may be charged to the father. CSSD cannot monitor or modify visitation or custody orders; a court must address those matters.

Child Support Payments

Support orders established by CSSD begin with the month CSSD receives the application, unless the children received public assistance earlier. Once CSSD receives an application, all support payments must be made through CSSD unless a court order provides otherwise. If a custodian receives a direct payment before the case is set up, the custodian must tell CSSD, in writing, how much was received and when. Money collected by CSSD is paid to the custodian, unless the custodian or the child is receiving or has received public assistance. In those cases, the state debt must be repaid.

Establishing Paternity

If paternity has not been established and child support is requested, CSSD will establish paternity. This generally occurs when a child is born to unmarried parents. If the child was born in Alaska, parents can contact the Bureau of Vital Statistics to complete an affidavit if they agree about paternity. If the child was born in another state, they must contact that state for assistance. If they disagree, CSSD will require genetic tests to determine paternity. The man who proves to be the biological father may be required to pay for genetic tests and related costs.

Establishing Support Orders

CSSD calculates child support using the Child Support Guidelines in Alaska Supreme Court Rule of Civil Procedure 90.3. This rule requires that the child support obligation be a percentage of the adjusted annual income of the noncustodial parent based on the number of children in the support order. Parties can ask for exceptions. If a parent does not provide income information, CSSD will use the best information available to determine the parent's income from all sources.

We use an “Administrative Child Support Order” when we issue a child support or medical support order. Either party can appeal the findings in that order and present evidence. After an administrative review, we may change those findings. Either party may appeal the CSSD decision to a Department of Revenue hearing officer. Either party may then appeal the hearing officer’s decision to the superior court.

Enforcing Support Orders

If child support is owed and CSSD identifies the noncustodial parent’s employer, bank account, or other financial account, we normally issue an Order to Withhold and Deliver those wages or assets. The withholding order is a standard method of ensuring timely support payments. Support is withheld directly from the payroll office or the bank account. Noncustodial parents who want to make additional payments, or who are self-employed, may pay by check or money order. Please include the case number with the payment, and send it to the payment mailing address (see the cover sheet of this application). Cash payments can be made only in person, and only in Anchorage.

Failure to pay support may result in collection actions including liens, judgments, withholding from Permanent Fund Dividends, wages, or other income, credit bureau reporting, the seizure of bank and financial accounts, and other civil and criminal law actions. Noncustodial parents who owe more than four months of child support may lose their occupational licenses or their driver’s licenses. Noncustodial parents who owe \$5,000 or more in past child support (arrears) risk losing their passports. We file liens on real estate if arrears are at least \$2,500 or equal to one year’s support. CSSD may take the noncustodial parent’s federal income tax refunds to pay arrears. If the custodian received public assistance in Alaska, the IRS refund is applied first to reimburse the state. IRS funds remaining after the state is paid go to the custodian.

Modifying Support Orders

Either party, or the state, has the right to request a review of a child support order. Both parties must provide financial information to CSSD. Private agreements between parties are not valid unless approved by the court.

Situations that could result in support modification are:

- a child listed in the order has reached the age of majority or been legally emancipated;
- the child support guidelines were adopted or significantly amended after the support order was issued;
- the obligor’s income has changed to the extent that support would change by 15 percent; or
- medical support or post-majority support language is needed in the order.

If a court issues a support order, usually the court must modify the order. If CSSD or another child support agency issues an administrative support order, the agency can modify it.

Your Rights and Responsibilities

Alaska law allows interest to be charged on payments received ten or more days past the due date, on judgments, and on most arrears.

If you use CSSD services, you must notify us immediately of the following:

- address changes, new employment, or changes in earnings;
- permanent custody changes;
- visitation when there is a court order for visitation;
- payments received directly from the noncustodial parent;
- availability of or changes in health care coverage for the children;

- any action by the parties that may affect support (such as seeking a new or modified court order, custody changes, adoptions, bankruptcy, or other collections).

We invite parties to attend and participate in case proceedings and hearings to protect their interests. An Assistant Attorney General represents CSSD in child support hearings; parties may hire attorneys at their own expense.

Medical Support

Federal and state laws require parents to provide medical support for their minor children if health care coverage is available at a reasonable cost. Credit for health care coverage may raise or lower the amount of ongoing child support, depending on which parent provides the coverage. Health care available through the Indian Health Service or the military may satisfy the medical support requirement. Custodians who receive only Medicaid must assign to the state their health care benefits or any cash medical support the noncustodial parent is ordered to pay.

Public Assistance

If the custodian receives public assistance through ATAP (the Alaska Temporary Assistance Program, which replaced AFDC), through another state's welfare program (such as those funded through TANF, the federal Temporary Aid for Needy Families program) or through Medicaid or Denali KidCare, we automatically provide services without requiring a CSSD application. In ATAP or TANF cases, child support must be assigned to the state. This means the state will keep the child support received up to the amount of public assistance paid out. Enforcement cannot stop while public assistance is being received, while the children are in licensed foster care, or if the other party applies for services. If the custodian receives only Medicaid or Denali KidCare and does not want cash support, CSSD must be notified. We will continue to enforce only the medical support order. If all public assistance ends, CSSD services will stop upon the custodian's written request, although enforcement to recover money owed to the state may continue.

Requesting Confidentiality

The Child Support Services Division may be required to release information about you or your children to other parties or agencies. Information that may be released may include names, addresses, social security numbers, and birth dates. This information will be released only when authorized by law and only as needed to take action on your case. This information will not be released to the general public. However, if your case is filed in court, information in the court case may be available to the public.

If you or your children have been victims of domestic violence, including harassment, threats, mental or emotional abuse, physical violence including sexual assault or incest, and parental kidnapping, you may ask that information about your address and location be kept confidential.

You must complete the "Affidavit and Request for Address Confidentiality" on page 11, sign it before a notary or a witness, and return it within 30 days. Attach any documents you have (such as police reports, protective orders, restraining orders, or medical records) to show why you believe the release of information about your address or your location would threaten your well being. We will review your request and get back to you in writing. Please contact us if you have questions. The CSSD addresses and phone numbers are on the cover sheet of this application.

APPLICATION FOR CHILD SUPPORT SERVICES

Please indicate which services you want. You must provide all information necessary for these services. Attach complete copies of orders or documents relating to custody, support and paternity. DO NOT SEND ORIGINALS.

- ☐ Support order establishment ☐ Paternity establishment ☐ Medical support order establishment
☐ Enforcement of an existing order ☐ Review, modification, and enforcement of an existing order

INFORMATION ABOUT YOU (THE APPLICANT) PLEASE PRINT

Full name _____ Birth/previous/other names _____

Date of Birth _____ Birthplace _____ SSN _____

Mailing address _____ City _____ State _____ Zip _____

Home address _____ City _____ State _____ Zip _____

Driver's license state and # _____ Home phone _____ Email address _____

Employer _____ Work phone _____ Work hours _____

Does an attorney represent you in any matters related to the child or the other parent? ☐ Yes ☐ No If yes, provide the attorney's name, address, and phone _____

Have you ever received public assistance such as ATAP (Alaska Temporary Assistance), TANF (Temporary Aid to Needy Families), AFDC, or Medicaid? ☐ Yes ☐ No If yes, indicate what type, when, in what state, and provide a case number if available _____

CHILDREN YOU ARE SEEKING SUPPORT FOR (add pages if necessary)

| Child's full name | Sex | Date and place of birth | SSN | Who does this child live with? |
|-------------------|-----|-------------------------|-----|--------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

You are the ☐ mother ☐ father ☐ relative _____ ☐ legal custodian by court order (explain) _____

NONCUSTODIAL PARENT YOU ARE SEEKING SUPPORT FROM

Full name _____ Birth/previous/other names _____

Date of Birth _____ Birthplace _____ SSN _____

Address ☐ Current ☐ Last known _____

City _____ State _____ Zip _____ Driver's license state and # _____

Home phone _____ Email _____ Citizen of ☐ U.S. ☐ other country _____

How is the person related to the child? _____

Height _____ Weight _____ Hair color _____ Eye color _____ Race _____ Marks, scars, tattoos _____

Does/did the person live or work in Alaska? ☐ Yes ☐ No If yes, where and when? _____

Does the person have relatives in Alaska? Who and where? _____

Usual occupation _____ Union member? (name and local number) _____

| Current or most recent employer(s) | Employer address | Employer phone | Dates of employment |
|------------------------------------|------------------|----------------|---------------------|
| | | | |
| | | | |
| | | | |

Military Service: ☐ None ☐ Active ☐ Reserve ☐ Guard ☐ Retired

Branch/unit _____ Last rank/grade _____ Yrs in service _____

Tribal or Alaska Native corporation member? ☐ Yes ☐ No If yes, explain _____

Does this person have an attorney regarding child support? ☐ No ☐ Yes Who? _____

Does or did the person receive (or does the person expect future) cash gifts, settlements, or awards? _____

Other information that may be helpful in obtaining support (for example, bank accounts, stocks, property, pension, or other sources of income) _____

RELATIONSHIP BETWEEN THE PARENTS

☐ Divorced Date of separation _____ Date of divorce _____

Court case number _____

City/County/State _____

Attach a complete copy of the divorce decree/order.

☐ Married but separated Marriage date/place _____ Separation date _____

☐ Divorce/Dissolution pending Date filed _____ Separation date _____

City/County/State _____ Court case number _____

☐ Never married Separation date (if parents lived together) _____

Complete the following. Attach a birth certificate for each child.

| | |
|--------------|--|
| Child: _____ | Did the father sign an Affidavit of Paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Is the father's name on the birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No* |
| | In what state was the birth certificate issued? _____ |
| Child: _____ | Did the father sign an Affidavit of Paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Is the father's name on the birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No* |
| | In what state was the birth certificate issued? _____ |
| Child: _____ | Did the father sign an Affidavit of Paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Is the father's name on the birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No* |
| | In what state was the birth certificate issued? _____ |

***If no, complete page 12**

☐ Other (explain) _____

OTHER INFORMATION

- ☐ Check here if you have been a victim of domestic violence and you want your address to be kept confidential from the other party. Please submit an "Affidavit and Request for Address Confidentiality" (see page 11).
- ☐ Check here if you agree that if CSSD sends a child support payment to you in error, you want to repay the overpayment gradually out of future child support payments (instead of immediately in a lump sum). CSSD will provide child support services to you even if you don't agree to repay overpayments from future payments.
- ☐ Check here if you have or have had a child support case in Alaska or another state, and explain: For which child?
_____ In what state/county? _____ Do you know the case number? _____
- ☐ Check here if the child is eligible for Indian Health Service, military, or other health care coverage, and explain: Which child? _____ Eligibility through which parent? _____
Type of coverage? _____
- ☐ Check here to have support payments deposited directly into your ☐ checking ☐ savings account (**select one**). By signing below, you are authorizing the State of Alaska to make adjustments, if necessary, to your account to correct erroneous deposits. The state will make reasonable efforts to notify you within 24 hours if adjustments are made. This authority remains in effect as long as you have an open child support case or until you cancel this authorization in writing. The name on the child support case must match the name on the account. Thirty days written notice is required to change accounts. You must notify CSSD if you close your account, change your address, or change the name on your account. Direct deposit can begin only after account information is electronically verified. **If you are already signed up for direct deposit in another CSSD case, do not submit a second request here. Direct deposit will be automatic in this case.**



**Attach a
voided
check or
deposit
slip here.**

Include a complete copy of all orders relating to custody, support, and paternity.

Do not send original documents.

Complete the Statement of Support Received even if you receive no support.

Complete the confidentiality affidavit if you want your address withheld from the other party.

Your signature is required before CSSD can process this case.

Applicant's signature: _____ Date: _____

Return the completed application, the statement of support received, the confidentiality affidavit (if needed) and all supporting documents to:

**Child Support Services Division
550 W 7th Avenue Suite 310
Anchorage AK 99501-6699**

Instructions for Completing the Statement of Support Received

1. Enter your name and the noncustodial parent's name. Include the CSSD case number if you have a case already.
2. Enter the full name and date of birth for each child in your custody.
3. If there is an administrative support order from Alaska or another state, check the first option. If there is a court order, check the second option, and indicate whether the court order includes child support, alimony (spousal support), or both. If there is both a court order and an administrative order, check both the first and second options. If there is no order of any kind, check the third option.
4. If you have received child support from the noncustodial parent, check the first option and complete the "Child Support" column in the table on the bottom of the page. Don't forget to indicate the year(s). See example below. If you have received some child support, but you are not sure when or how much, check the second option and enter your estimates in the table (marked "estimates") or on a separate page. If you have received no child support at any time, check the third option.

NOTE: If the custodial parent or the child is receiving government benefits from Social Security, the Veterans Administration, or another government agency, and the benefits are based on the noncustodial parent's disability or retirement, these benefits may be credited toward the noncustodial parent's support obligation. Please provide information about such benefits on a separate page.

5. If you have received alimony or spousal support from the noncustodial parent, check the first option and complete the "Alimony/Spousal" column in the table. Don't forget to indicate the year(s). See example below. If you have received some spousal support, but you are not sure when or how much, check the second option and enter your estimates in the table (marked "estimates") or on a separate page. If you have received no alimony or spousal support at any time, check the third option.
6. If a child support order is already in effect, and you lived with the other parent or the other parent had custody of the child at any time since the child support order took effect, please check the "Yes" box and attach a written explanation

Table: Enter only the support you have **received** in this table. Do not enter support owed. Start your entries with the first month and year you were supposed to receive support, and continue through the current month and year. Enter "0" in months when support was due but no support was received. Add additional pages, if necessary.

For example, if the child support order says you should have received \$250 child support per month beginning in June of 2000, and no spousal support, and the custodial parent paid irregularly and never paid the full monthly child support amount, your "support received" table might look like this in December 2001:

| Year | Child Support | Alimony/ Spousal |
|-------------|---------------|------------------|
| 2000 | | |
| Jan | N/A | N/A |
| Feb | | |
| Mar | | |
| Apr | | |
| May | ▼ | |
| Jun | \$100 | |
| Jul | 0 | |
| Aug | \$150 | |
| Sep | \$150 | |
| Oct | 0 | |
| Nov | \$225 | |
| Dec | \$175 | ▼ |

| Year | Child Support | Alimony/ Spousal |
|-------------|---------------|------------------|
| 2001 | | |
| Jan | \$0 | N/A |
| Feb | \$75 | |
| Mar | \$50 | |
| Apr | \$0 | |
| May | \$0 | |
| Jun | \$75 | |
| Jul | \$175 | |
| Aug | 0 | |
| Sep | 0 | |
| Oct | \$200 | |
| Nov | \$100 | |
| Dec | \$0 | ▼ |

STATEMENT OF SUPPORT RECEIVED

See previous page for instructions. If you received no support, please check "no support received" and sign the next page.

1. Your name: _____ CSSD case # _____ Noncustodial parent's name _____

2. You are the custodian of these minor children:

| Child's full name | Date of birth | Child's full name | Date of birth |
|-------------------|---------------|-------------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Check the appropriate boxes in items 3-6, and complete the table below (or submit separate estimates, as necessary).

| | | | | |
|---|----|---|----|--|
| 3. <input type="checkbox"/> An administrative order from CSSD or another child support agency directs that you are entitled to receive child support. | OR | <input type="checkbox"/> A court order directs that you are entitled to receive <input type="checkbox"/> child support <input type="checkbox"/> alimony (spousal support) | OR | <input type="checkbox"/> No administrative or court order for child support is in effect at this time. |
|---|----|---|----|--|

| | | | | |
|--|----|---|----|---|
| 4. <input type="checkbox"/> List in the table below the child support payments you have received directly from the noncustodial parent. Don't forget to indicate the year. | OR | <input type="checkbox"/> If you aren't sure how much child support you've received from the noncustodial parent, list your best estimate by month and year in the table below (or on a separate page) | OR | <input type="checkbox"/> You have received no child support from the noncustodial parent. |
|--|----|---|----|---|

| | | | | |
|---|----|---|----|---|
| 5. <input type="checkbox"/> List in the table below the alimony (spousal support) you have received directly from the noncustodial parent. Don't forget to indicate the year. | OR | <input type="checkbox"/> If you aren't sure how much alimony (spousal support) you've received from the noncustodial parent, list your best estimate by month and year in the table below (or on a separate page) | OR | <input type="checkbox"/> You have received no alimony (spousal support) from the noncustodial parent. |
|---|----|---|----|---|

6. If a child support order is already in effect, did you live with the other parent (or has the other parent had custody of the children) at any time since that order was issued? ☐ Yes ☐ No If your answer is "Yes," attach a description of the time periods when you lived together (or when the other parent had custody) since the child support order was issued.

Enter only support received in the following table. Do not enter support due.

| Year: | Child Support | Alimony/ Spousal | Year: | Child Support | Alimony/ Spousal | Year: | Child Support | Alimony/ Spousal |
|-------|---------------|---------------------|-------|---------------|---------------------|-------|---------------|---------------------|
| Jan | | | Jan | | | Jan | | |
| Feb | | | Feb | | | Feb | | |
| Mar | | | Mar | | | Mar | | |
| Apr | | | Apr | | | Apr | | |
| May | | | May | | | May | | |
| Jun | | | Jun | | | Jun | | |
| July | | | July | | | July | | |
| Aug | | | Aug | | | Aug | | |
| Sep | | | Sep | | | Sep | | |
| Oct | | | Oct | | | Oct | | |
| Nov | | | Nov | | | Nov | | |
| Dec | | | Dec | | | Dec | | |

(Continued on the next page, where your signature is required.)

Statement of Support Received continued

| Year: | Child Support | Alimony/ Spousal |
|-------|---------------|---------------------|
| Jan | | |
| Feb | | |
| Mar | | |
| Apr | | |
| May | | |
| Jun | | |
| July | | |
| Aug | | |
| Sep | | |
| Oct | | |
| Nov | | |
| Dec | | |

| Year: | Child Support | Alimony/ Spousal |
|-------|---------------|---------------------|
| Jan | | |
| Feb | | |
| Mar | | |
| Apr | | |
| May | | |
| Jun | | |
| July | | |
| Aug | | |
| Sep | | |
| Oct | | |
| Nov | | |
| Dec | | |

| Year: | Child Support | Alimony/ Spousal |
|-------|---------------|---------------------|
| Jan | | |
| Feb | | |
| Mar | | |
| Apr | | |
| May | | |
| Jun | | |
| July | | |
| Aug | | |
| Sep | | |
| Oct | | |
| Nov | | |
| Dec | | |

| Year: | Child Support | Alimony/ Spousal |
|-------|---------------|---------------------|
| Jan | | |
| Feb | | |
| Mar | | |
| Apr | | |
| May | | |
| Jun | | |
| July | | |
| Aug | | |
| Sep | | |
| Oct | | |
| Nov | | |
| Dec | | |

| Year: | Child Support | Alimony/ Spousal |
|-------|---------------|---------------------|
| Jan | | |
| Feb | | |
| Mar | | |
| Apr | | |
| May | | |
| Jun | | |
| July | | |
| Aug | | |
| Sep | | |
| Oct | | |
| Nov | | |
| Dec | | |

| Year: | Child Support | Alimony/ Spousal |
|-------|---------------|---------------------|
| Jan | | |
| Feb | | |
| Mar | | |
| Apr | | |
| May | | |
| Jun | | |
| July | | |
| Aug | | |
| Sep | | |
| Oct | | |
| Nov | | |
| Dec | | |

| Year: | Child Support | Alimony/ Spousal |
|-------|---------------|---------------------|
| Jan | | |
| Feb | | |
| Mar | | |
| Apr | | |
| May | | |
| Jun | | |
| July | | |
| Aug | | |
| Sep | | |
| Oct | | |
| Nov | | |
| Dec | | |

| Year: | Child Support | Alimony/ Spousal |
|-------|---------------|---------------------|
| Jan | | |
| Feb | | |
| Mar | | |
| Apr | | |
| May | | |
| Jun | | |
| July | | |
| Aug | | |
| Sep | | |
| Oct | | |
| Nov | | |
| Dec | | |

| Year: | Child Support | Alimony/ Spousal |
|-------|---------------|---------------------|
| Jan | | |
| Feb | | |
| Mar | | |
| Apr | | |
| May | | |
| Jun | | |
| July | | |
| Aug | | |
| Sep | | |
| Oct | | |
| Nov | | |
| Dec | | |

Signature _____

Date _____

AFFIDAVIT and REQUEST for ADDRESS CONFIDENTIALITY

Complete this affidavit **only** if you do not want your address and other information about your location to be released to a person (such as a parent or custodian) **who would otherwise be entitled to have the information**. CSSD will send you a written decision about your request for confidentiality.

I, _____, swear under penalty of perjury that the following information is true to the best of my knowledge and belief:

1. The name of the person I do not want information released to is _____ This person's relationship to me/the child is _____ CSSD case no. _____
2. The person committed domestic violence (threatened, harassed, physically or mentally abused, or committed sexual assault or incest) against my child or me (describe when, where, and how) _____

3. A domestic violence protective order ☐ has ☐ has not been issued against the person. If yes, provide the court case number _____ Court location _____ Describe who was involved, when, where, and what happened _____

4. The person ☐ has ☐ has not been charged with a crime (such as assault or harassment) or been involved in a criminal civil or criminal court case in which I was a party, a victim, a witness, or otherwise involved. If yes, please provide information about the case: Court location and case number _____ Describe who was involved, when, where, and what happened _____

5. Other information about why I feel threatened by this person and why I want my address kept confidential _____

Signature _____

Date _____

SUBSCRIBED and SWORN to before me this _____ day of _____, 20 _____

Notary Public for the State of _____
My commission expires _____

If you can't get to a notary, please sign before a witness and have the witness complete the information below.

I know the person who signed this form is the person he or she claims to be, and I witnessed the signature above.

Witness signature _____ Witness name (please print) _____
Witness address _____ Witness phone _____

CSSD MAILING ADDRESS: 550 W 7th AVE SUITE 310 ANCHORAGE AK 99501-6699

PATERNITY WITNESS STATEMENT

CSSD Case No: _____

**A separate statement is required for each child whose paternity must be established
(use the back of the form for detailed explanations)**

I, _____, am the natural mother of (child's name - first, middle, last) _____

Child's date of birth _____ ☐ Male ☐ Female Child's place of birth (city, county, state) _____

a. Date of conception (month, date, year) _____ City, county, state where conception occurred: _____

b. Full term pregnancy? ☐ Yes ☐ No If no, explain: _____

c. The child was conceived as a result of sexual intercourse between _____ and me during the time stated above.

d. A man is named as the father on the child's birth certificate. ☐ Yes (attach copy) ☐ No If yes, provide his name and address: _____

e. I was married at the time of this child's birth. ☐ Yes ☐ No If yes, complete the following:

Husband's name (first, middle, last) and last known address: _____

State why husband is not the father of this child and attach all appropriate documents, including divorce decree, test results, and prior findings of nonpaternity, if any: _____

f. Genetic tests were completed to determine the father of the child. ☐ Yes ☐ No If yes, attach results, explain outcome, and list name(s) and address(es) of the man or men tested: _____

g. I had sexual intercourse with another man or men (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived ☐ Yes ☐ No If yes, complete the following:

Name and address of other man/men: _____

The other man/men are biologically related to the man I am naming as the child's natural father. ☐ Yes ☐ No If yes, state the biological relationship (e.g., brother, cousin, uncle, etc.) _____

I do not believe the other man/men is/are the father because _____

All the information and facts contained in this Paternity Witness Statement are true and correct to the best of my knowledge and belief. I agree to submit myself and my child, if I am the custodian, to genetic testing when necessary to establish paternity.

Signature of mother _____

Date _____

Statement of witness to mother's signature

I willingly state that I know _____, who signed this form, and I witnessed her signature above.

Signature of witness _____

Date _____

Printed name of witness _____

Telephone number of witness _____

Address of witness _____